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AMENDMENT TRANSMITTAL FORM

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Alexandria, VA 22313-1450

Customer No.: 23696

Attorney Docket No.: 010501 In Re Application of: Tao Chen et al.

Serial Number: 09/933,912 Filed: August 20, 2001 Examiner: Nittzyz Juntima Group Art Unit: 2663

Dear Sir-

Transmitted herewith for filling is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid | |
|--|--|---|------------------------|--|---------------|--|
| Total* | 48 | 64 | 0 | x \$50 = | \$0.00 | |
| Independent | ** 6 | 16 | 0 | x \$200 = | \$0.00 | |
| Multiple Dependent Claim(s): ☐ Yes ☑ No | | | | \$360 | \$0.00 | |
| ☐ One Month | | | \$120 | \$120.00 | | |
| EXTENSION FEES | | | wo Months | \$450 | \$0.00 | |
| | | | hree Months | \$1020 | \$0.00 | |
| TERMINAL DISCLAIMER | | | | \$130 | \$0.00 | |
| *If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. | | | | TOTAL FEE | \$120.00 | |
| 5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. ☐ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: April 28, 2006 Signature: Roberta A. Young, Reg. No. 53,818 QUALCOMM Incorporated Attn: Patent Department 5775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 Facsimile: (858) 658-2502 | | | | | | |
| | | | | ON (37 CFR 1.8(a)) | | |
| I hereby certify | that this corresponde | nce is, on the date | shown below, bein | _ | | |
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| with sufficient postage as first class mail, in an Trenvelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- | | | | ed by farsimile to the rk Office. Jame: Sheryl Schoen | ne Patent and | |
| Depositor's Name:(type or print name) | | | Signature: Shur Show | | | |
| Date: | | | Signature, <u>S</u> | | | |